

**INDIANA DEPARTMENT OF CHILD SERVICES (DCS)
VOLUNTEER APPLICATION FORM**

Instructions: This form should be completed by each individual wishing to participate as a DCS volunteer. **Please Print or type. Use additional sheets, if needed to complete answers.**

Name of Applicant (First, Middle, Last):		
Address (number and street, city, state, ZIP code):		
Telephone Number (Home)	Telephone Number (Work)	Telephone Number (Cell)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Social Security Number:
Education/Interests/Skills/Certifications/Licensures:		
Volunteer Experience:		
In what capacity would you like to volunteer with DCS:		
Name of volunteer group (if applicable):		
Have you ever been convicted of a felony? (If yes, please explain) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been involved with DCS? (If yes, please explain) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature of applicant		Date
For office use only:		
Application approved <input type="checkbox"/> Application Denied <input type="checkbox"/>		
Reason for denial, if applicable:		
Signature of Individual approving Volunteer Service:		Date:
Specify Position (One of the following: Deputy Director, Regional Manager, Local Office Director, Division Manager, Program Director, or Practice Development Group Attorney)		